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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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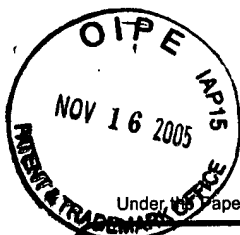
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/847,981	
	Filing Date	05/02/2001	
	First Named Inventor	Jason Seung-Min Kim	
	Art Unit	2182	
	Examiner Name	Schneider, Joshua D.	
Total Number of Pages in This Submission	13	Attorney Docket Number	044204-0308164

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks Notice of Appeal; Pre-Appeal Brief Request for Review; Postcard Receipt	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Anthony G. Smyth, Reg. No. 55,636 Pillsbury Winthrop Shaw Pittman LLP	
Signature		
Date	November 14, 2005	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Sachiko Y. Snedden		
Signature		Date	November 14, 2005

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 310

Complete if Known

Application Number	09/847,981
Filing Date	May 2, 2001
First Named Inventor	JASON SEUNG-MIN KIM
Examiner Name	Schneider, Josua D.
Art Unit	2182
Attorney Docket No.	044204-0308164

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): PILLSBURY WINTHROP SHAW

☒ Deposit Account 033975 Deposit Account Name: PITTMAN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent *	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = X Fee (\$) = Fee Paid (\$) Multiple Dependent Claims

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = X Fee (\$) = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets /50= Number of each additional 50 or fraction thereof Fee (\$) = Fee Paid (\$)

(round up to a whole number) x 125.00

4. OTHER FEE(S)

Non-English Specification, 130 fee (no small entity discount)

Other: 1 Month Extension of Time - fee code 2251 (\$60); Notice of Appeal - fee code 2401 (\$250)

Fee Paid (\$)

310.00

SUBMITTED BY

Signature	<u>Anthony Smyth</u>	Registration No. 55636 (Attorney/Agent)	Telephone 858.509.4007
Name (Print/Type)	Anthony Smyth	Date	November 14, 2005

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